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Bib Data Sheet

CONFIRMATION NO. 3948

SERIAL NUMBER 10/776,607	FILING DATE 02/12/2004  RULE	CLASS 015	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 23703.01
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none, LCC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none, LCC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

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TITLE

Disposable swab

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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